

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5733

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>St. Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pike</i>	
b. CITY OR TOWN <i>Clarksville</i>		c. CITY OR TOWN <i>Clarksville</i> <i>0870</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Joseph</i>	b. (Middle)	c. (Last) <i>Randell</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Mo</i> <i>1</i> <i>1950</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>June 15, 1854</i>	9. AGE (In years last birthday) <i>93</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>14</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Pike Co Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Don't know</i>	13b. MOTHER'S MAIDEN NAME <i>Ann Catherine Smith</i>	14. NAME OF HUSBAND OR WIFE <i>Widower unknown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Steve Douglas</i>	ADDRESS <i>Clarksville Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i>		<i>3 wks</i>
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Sen. Debility of Old Age</i>		<i>yr.</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Old Age</i>		<i>10 yrs. 1-52</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *2-7, 1950*, to *3-1, 1950*, that I last saw the deceased alive on *2-18, 1950*, and that death occurred at *11:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Linnell</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Louisiana, Mo.</i>	23c. DATE SIGNED <i>3-2-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Mo 5-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Knob Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Near Edw. Mo</i>
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DATE REC'D BY LOCAL REG. <i>3-6-1950</i>	REGISTRAR'S SIGNATURE <i>Lida Cochran</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harry L. Carroll</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer
District File Number 2-12-
Date Filed MAR 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3/1/56

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsbey, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.